

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 18 1998 8:00am
Secretary of State

DOCUMENT # P95000021058 (9)

1. Corporation Name

R.C. MEDICAL CENTER INC.



Principal Place of Business

3970 W FLAGLER ST
224
MIAMI FL 33134
US

Mailing Address

7200 W. 18TH AVENUE
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1995

4. FEI Number

65-0569208

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 800 PALM AVENUE
Suite, Apt. #, etc.

22 A
City & State

23 HIALEAH FL

24 33010 Country US

25 MIAMI-DADE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30

Country

9. Name and Address of Current Registered Agent

PEREZ, RAUL
7200 W. 18TH AVENUE
HIALEAH FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type for printed form. Change to handwritten if applicable.

(SOLE Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE PD
12 NAME PEREZ, RAUL
13 STREET ADDRESS 7200 W. 18TH AVENUE
14 CITY-ST-ZIP HIALEAH FL 33014

21 TITLE STD
22 NAME PEREZ, RENE
23 STREET ADDRESS 7200 W. 18TH AVENUE
24 CITY-ST-ZIP HIALEAH FL 33014

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS 5705 W 20 AVE #212

24 CITY-ST-ZIP HIALEAH, FL 33012

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE

CR2E034 (10/97)